ERROR NOTICE (USE THIS FORM ONLY TO REPORT ERRORS)			1. DATE	
NOTE TO EMPLOYEE: Normally, second check you receive after sending Error Notice should show adjustment requested.			NAME SS ACCOUNT NO.	4. TIMEKEEPER NO.
			5. ERROR OCCURRED IN PAY P	ERIOD ENDING:
TO: BENEFITS & PAYROLL LIAISON BRANCH 31 CENTER DRIVE BLDG 31 ROOM B3C33 BETHESDA, MD 20892		 SENDER: Insert your name and address in space provided below. Forward original and one copy.Retain one copy for your file. 		
		(Fold)		
Use this Error N		error(s) of the employee nar	gs and Leave Statement, if neces ned above. YSTEMS DIVISION)	
(Fold)				
7. REPLY:				
8. PR UNIT NO.	9. DATE COMPLETED:	10. SIGNATURES:		11. EFFECTIVE PAY PERIOD ENDING:
		CLERK S	SUPERVISOR	
12.	1			
			SENDER'S NAME AND MAILING ADDRES	S SC Media Arts BHHSSAIIIA (INIH) (Rev. 3/0

INFORMATION TO EMPLOYEE:

Title 5 USC 5501 et seq and Executive Order 9397 authorize the collection of the information requested on this form, including the Social Security number. The information you disclose, including your Social Security number, will be used to determine if a pay error exists and to correct the pay error. The information may also be used: a) by a Federal, state or local agency for investigating or prosecuting a violation or potential violation of law; b) by the Civil Service Commission in carrying out its functions; c) by the Department of Treasury in preparing and issuing employee salary and compensation checks and U.S. Savings Bonds; and d) for other routine uses published in accordance with 5 USC 552a. Your failure to disclose the information requested, including your Social Security number, may result in the pay error not being corrected or brought to the attention of the payroll office.